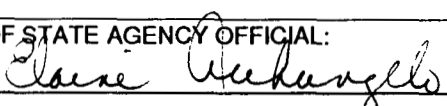


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <u>S P — 4 0 1</u>	2. STATE: DELAWARE
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE December 10, 2003	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: a. FFY 2004      \$(\$450,000 savings) b. FFY 2005      \$(\$450,000 savings)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-C		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 4.19-C	
<b>RECEIVED</b> DEC 10 2003			
10. SUBJECT OF AMENDMENT: Standards for Symptom of Reserved Beds During Absence from Long-Term Care Facilities: reduce bed-hold days from 14 days to 7 days			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Governor's comments under <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      separate correspondence			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Elaine Archangelo Director Division of Social Services P.O. Box 906 New Castle, DE 19720-0906	
13. TYPED NAME: Elaine Archangelo, Director, DSS			
14. TITLE: Designee for Vincent P. Meconi Secretary, Delaware Health and Social Services			
15. DATE SUBMITTED: 12/10/03			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12-10-2003		18. DATE APPROVED: JAN 27 2004	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 12-10-2003		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: MARY T. MCSORLEY		22. TITLE: ASSOCIATE REGIONAL ADMIN DIV. MEDICAID AND CHILDREN'S HEALTH	
23. REMARKS:			

# NEW STATE PLAN PAGE

## STATE PLAN UNDER TITLE XIX UNDER THE SOCIAL SECURITY ACT ESTABLISHMENT AND MAINTENANCE OF STATE AND FEDERAL STANDARDS

### STATE OF DELAWARE

#### ATTACHMENT 4.19-C

#### Standards for Payment of Reserved Beds During Absence from Long-Term Care Facilities

Payment will be made for reserving beds in long-term care facilities for recipients during their temporary absence for the following purposes:

1. For periods of hospitalization for acute conditions up to ~~14~~ 7 days per hospitalization in any 30-day period.
2. For leaves of absence up to 18 days per calendar year as provided for in the recipient's plan of care.
3. The 18-day leave of absence may be waived as follows:

If a recipient's physical condition is being negatively impacted by their emotional need to be in a family setting, prior approval may be obtained for a waiver of the 18-day leave of absence limitation (for other than acute care hospitalization) from the Title XIX Medical Consultant in order to allow the patient more time to visit with their family, as long as such absences are provided for in the recipient's written plan of care.

To obtain approval, a written request must be submitted by the nursing home to the Nursing Home Coordinator and must include:

1. reason for the request
2. medical summary
3. statement from the nursing home's medical director regarding the medical necessity of the patient being absent from the home in excess of 18 days per year.
4. anticipated frequency of absence.

The number of days waived must fall within a six-month period.

Any request for a waiver after the six-month limit must be resubmitted and approved for payment to be continued.

TN No. SP- 401  
Supersedes  
TN No. N/A

Approval Date JAN 27 2004  
Effective Date December 10, 2003

## **CURRENT STATE PLAN PAGE**

### **STATE PLAN UNDER TITLE XIX UNDER THE SOCIAL SECURITY ACT ESTABLISHMENT AND MAINTENANCE OF STATE AND FEDERAL STANDARDS**

#### **STATE OF DELAWARE**

#### **ATTACHMENT 4.19-C**

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### STATE OF DELAWARE

#### ATTACHMENT 4.19-C

#### Standards for Payment of Reserved Beds During Absence from Long-Term Care Facilities

Payment will be made for reserving beds in long-term care facilities for recipients during their temporary absence for the following purposes:

1. For periods of hospitalization for acute conditions up to ~~44~~ 7 days per hospitalization in any 30-day period.
2. For leaves of absence up to 18 days per calendar year as provided for in the recipient's plan of care.
3. The 18-day leave of absence may be waived as follows:

If a recipient's physical condition is being negatively impacted by their emotional need to be in a family setting, prior approval may be obtained for a waiver of the 18-day leave of absence limitation (for other than acute care hospitalization) from the Title XIX Medical Consultant in order to allow the patient more time to visit with their family, as long as such absences are provided for in the recipient's written plan of care.

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